



# North Carolina Department of Administration

Pat McCrory, Governor  
Bill Daughtride, Jr., Secretary

Youth Advocacy and Involvement Office  
Stephanie Nantz, Executive Director

September 3, 2013

Dear SADD Advisors:

The NC SADD conference will be November 15-17, 2013, at the DoubleTree Brownstone Hotel, 1707 Hillsborough Street, Raleigh, N.C. The registration deadline is **Friday, October 25, 2013**, and no refunds can be made after this date. Registration at the conference is 3:00 - 6:00 p.m. on Friday. The conference concludes at or before noon on Sunday. Registrations will be accepted on a first come, first served basis. We are pleased to offer scholarships to subsidize the registrations of 200 participants. Scholarships are: Students: \$125.00; Adults: \$100.00. Please register early to insure you receive a scholarship.

Participants will receive two nights' hotel accommodations, pizza on Friday evening, breakfast, lunch and dinner on Saturday, breakfast on Sunday, program training and a conference tee-shirt and bag.

Registrations cannot be processed unless accompanied by the appropriate fees and completed forms. Student registrations must include all forms completed, signed and notarized as required. The accompanying registration packet contains the following forms that may be duplicated as needed:

- (1) Registration Form (*one completed form for each chapter*)
- (2) Rules of Conduct (*signed by student and parent*)
- (3) Consent to Health Care (*signed by parent and notarized*)
- (4) Liability Release Form (*signed by all participants whether student or adult*)
- (5) Photographic, Video and Audio Consent and Release Form (*signed by all participants whether student or adult*)

Forms may also be downloaded from our website at: [www.ncsadd.org](http://www.ncsadd.org).

All students must be chaperoned. Chapters are encouraged to bring their scrapbooks and other project information or displays to exhibit at the conference. **Please copy this letter for students to share with their parents.**

Thank you for your continued support of the SADD conference and your commitment to combating destructive decisions among youth. We look forward to seeing you soon for an educational and fun-filled experience.

Sincerely,

Harriett M. Southerland  
SADD State Coordinator



*Creating a better tomorrow by making Children and Youth our priority today*

Mailing Address:  
1319 Mail Service Center  
Raleigh, NC 27699-1319

Location:  
116 W Jones St.  
Suite. 2055  
Raleigh, NC 27603



Phone: 919.807-4400  
Fax: 919.807-4415  
State Courier: #51-01-08  
[www.ncyao.com](http://www.ncyao.com)

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Affirmative Action  
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## 31<sup>st</sup> Annual SADD Leadership Conference

November 15-17, 2013

DoubleTree Brownstone Hotel, 1707 Hillsborough Street, Raleigh, N.C.27605 919-828-0811  
Youth Advocacy and Involvement Office 919-807-4400

## ***AUTHORIZATION and CONSENT to HEALTH CARE***

This form must be **notarized** and signed by **PARENT**.

I, \_\_\_\_\_, of \_\_\_\_\_ County, am the custodial parent having legal custody of \_\_\_\_\_, a minor child, age \_\_\_\_\_, born\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

I authorize the Youth Advocacy and Involvement Office staff, in whose care the minor child has been entrusted, located at 116 W Jones Street, Suite. 2055, Raleigh, N.C., to do any acts which may be necessary or proper to provide for the health care of my child including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective from the date of execution up to and including November 15-17, 2013.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

Please indicate below any need that requires special arrangements/accommodations (e.g., allergies or other conditions).

Health Insurance Company or Government Insurance Program	Policy # or Membership #

\_\_\_\_\_  
Custodial Parent/Guardian

\_\_\_\_\_  
Date

(SEAL)

**Uninsured:** I accept personal responsibility for all medical expenses incurred by my child at the SADD Conference.

\_\_\_\_\_  
Custodial Parent/Guardian

\_\_\_\_\_  
Date

(SEAL)

STATE OF NORTH CAROLINA

COUNTY of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2013, personally appeared before me the person named, \_\_\_\_\_, and known to me to be the person described in and who executed the same and, being duly sworn by me, made oath that the statements in the foregoing instrument are true.

\_\_\_\_\_  
Notary Public

My Commission Expires\_\_\_\_\_



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## STUDENT AND ADULT PARTICIPANT LIABILITY RELEASE FORM

I, the undersigned, hereby release and agree to hold harmless the State of North Carolina and its employees, agents and officers from any and all claims, including those of my (my child's) heirs or assigns which may arise from any action or failure to act by any employee, officer or agent of the State of North Carolina in connection with my (my child's) \_\_\_\_\_ participation at the SADD Conference.

*Child's Name*

I, the undersigned, have read the foregoing and sign it of my own free will.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2013

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Adult Participant's Signature

## STUDENT AND ADULT PARTICIPANT PHOTOGRAPHIC, VIDEO AND AUDIO CONSENT AND RELEASE FORM

I understand that photographs may be taken of me (my child) during the conference. I give North Carolina Students Against Destructive Decisions and the Youth Advocacy and Involvement Office permission to take photographs of me (my child) and to use these images or likenesses for educational and promotional purposes. I further consent that my (my child's) name, school and city or county of residence may be revealed by descriptive text or commentary. Neither individual addresses nor telephone numbers will be published within these materials.

I do hereby give North Carolina Students Against Destructive Decisions and the Youth Advocacy and Involvement Office the right to exhibit any such works publicly or privately, including posting on the agency website. I waive any right, claims or interest I may have to control the use of my (my child's) identity or likeness in the photographs, video or audio and agree that any uses described herein may be made without compensation or additional consideration to me (my child).

I represent that I have read and understand the foregoing statement and I am competent to execute this agreement.

Name (*print*) \_\_\_\_\_

Adult Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** If participant is under the age of 18, consent of the parent or legal guardian must be given below.

Parent/Guardian name (*print*) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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## ***RULES OF CONDUCT***

(**STUDENT** and **PARENT/GUARDIAN** must sign this form.)

WHEREAS, the Code of Ethics prohibits possession and/or use of alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking illegal drugs; and

WHEREAS, sexual contact at any event or activity occurring within the time frame for the conference is prohibited; and

WHEREAS, any behavior that violates any of the laws of the United States or the State of North Carolina or any local ordinance is also prohibited; and

WHEREAS, the attendance and punctuality of scheduled workshops of the SADD Conference is considered mandatory; and

WHEREAS, the Code of Ethics demands that all participants conduct themselves in a manner representative of the SADD program, including showing respect for the property of others and the facility in which the SADD Conference is held;

THEREFORE, I (*Print student's name.*) \_\_\_\_\_, agree to abide by all of the rules of the Code of Ethics and am aware that any infraction of the Code or a preponderance of the evidence that the Code has been violated by me will result in my parent/guardian being notified, in which event I will be disciplined, which may include expulsion from this and future conferences of the Youth Advocacy and Involvement Office. If I am expelled from the conference, I understand that it will be the responsibility of my parent/guardian to provide me immediate transportation home. The responsibility for making this determination is vested in the director of the Youth Advocacy and Involvement Office or their designee.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2013

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

# 30<sup>th</sup> Anniversary NC SADD Conference

November 15-17, 2013 • DoubleTree Brownstone Hotel • 1707 Hillsborough Street, Raleigh, N.C. 27605 919-828-0811

## Registration Data Form

Return registration forms and fees by October 25, 2013 to:

SADD Conference  
Youth Advocacy & Involvement Office  
1319 Mail Service Center  
Raleigh, NC 27699-1319

- ◆ Students will be placed in quad occupancy unless otherwise requested.
- ◆ Adults will be placed in double occupancy unless otherwise requested.
- ◆ Only adults may choose single occupancy. Adults and students may not room together.
- ◆ If you have questions or need assistance completing this form, call 919-807-4400.

School \_\_\_\_\_ County \_\_\_\_\_

SADD Advisor \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ Fax \_\_\_\_\_

Advisor Home or Cell Phone \_\_\_\_\_

Advisor Email Address \_\_\_\_\_

Student Emergency Contact Phone \_\_\_\_\_

Name	Email Address	A (Adv) C (Chap) S (Stdnt)	* Sex M/F	* Race (Initials)	Age of Student	Grade	County (If different from that of school)	Veg. Med? ✓ only if "yes"	Pref'd R'mate #	Q (Quad) D (Dbl) S (Sgl)	T-Shirt Size
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

\* This information is necessary for statistical purposes.

**Registration fees cannot be refunded after 10/25/13.**

# of Persons	Rooming Choice	Registration Fee	** Deduct Scholarship (If Applicable) Student: \$125.00 Adult: \$100.00	Late Fee \$15/person (after Oct. 25)	Total
	Quad Occupancy 4 persons /room, 2/bed	\$190.00/person			
	Double Occupancy (Adult or Student) 2 persons/room, 1/bed	\$260.00/person			
	Single Occupancy (Adults Only) 1 person/room	\$330.00/person			

Please use this form. You may copy form if you have more than 10 attendees.

You may also download forms at [www.ncyao.com](http://www.ncyao.com).

**\*\*Scholarships are limited. Verify that scholarships are available if registering after October 18.**

Grand Total/Amount Submitted